

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION
MOVING BYTES, INC.

APPLICATION FOR A CERTIFICATE OF
INTEREXCHANGE AUTHORITY TO
OPERATE AS A RESELLER OF
TELECOMMUNICATIONS SERVICES
WITHIN THE STATE OF ILLINOIS

ORIGINAL
ILLINOIS
Docket No. _____
DEC 19 1 30 PM '01
CHIEF CLERK'S OFFICE
01-0826

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER

GENERAL

1. Applicant's Name (including d/b/a, if any) FEIN # 88-0473245
Moving Bytes, Inc.

Address: Street 5858 Horton Street, Suite 101

City Emeryville State/Zip CA 94608

2. Authority Requested: (Mark all that apply) ☒ 13-403 ☒ 13-404 ☐ 13-405
3. Request for waiver/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

☒ Part 710 ☒ Part 735 ☐ Section 735.180 ☐ Other

4. In what area of the state does the Applicant propose to provide service?

Applicant intends to provide service throughout the State of Illinois.

Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) consumer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

Attached as Exhibit A.

5. Please check type of organization?

☐ Individual

☒ Corporation

☐ Partnership

Date corporation was formed September 19, 2000

In what state? Nevada

☐ Other (Specify)

6. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **Attached as Exhibit B.**
7. List jurisdictions in which Applicant is offering service(s).

Applicant is not currently offering service in any jurisdiction.

8. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details)

☒ NO

9. Has there been any complaints against the Applicant in any other jurisdiction?

☐ YES

☒ NO

If YES, describe fully. _____

10. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO
If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

11. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Attached as Exhibit C.

12. List officers of Applicant.

Joseph Karwat

President

Mark M. Smith

Secretary

Thomas Goren

Treasurer

13. Does any officer of Applicant have an ownership or interest in any other entity which has provided or is currently providing telecommunications services? ____ YES X NO

If YES, list entity. _____

14. How will Applicant bill for its services(s)? Applicant will directly bill its customers.

15. How does Applicant propose to handle service, billing, and repair complaints?

Applicant will establish a customer service department to handle customer inquiries and complaints. Customers will reach the customer service department by using a toll free number.

16. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES _____ NO

17. What telephone number(s) would a customer use to contact your company?

(510) 985-1033

18. What are your procedures to prevent unauthorized "slamming" of customers?

Applicant confirms all orders to change long distance service in accordance with one of four verification processes established by the FCC.

19. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

_____ YES _____ NO (If no, please provide an explanation.)

20. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? X YES NO

FINANCIAL

21. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Attached as Exhibit D.

TECHNICAL

22. Does Applicant utilize its own equipment and/or facilities? YES X NO

If YES, please list: _____

If NO, which facility provider(s) services does Applicant use?

Applicant will utilize MCI Worldcom and Qwest Communications.

23. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

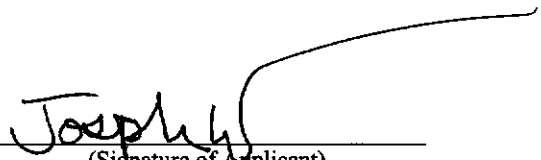
Applicant will be providing long distance services.

24. Will technical personnel be available at all times to assist customers with service problems?

 YES X NO*

25. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "O" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YES NO

N/A


(Signature of Applicant)

* Applicant will be available during normal business hours to assist with customer service problems.

VERIFICATION

This application shall be verified under oath.

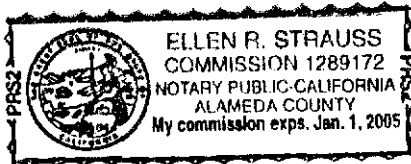
State of California)
) ss
County of _____)

Joseph Karwat makes oath and says that he is President
of Moving Bytes, Inc.

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth herein.

Joseph Karwat
(Signature of affiant)

Subscribed and sworn before me a Notary Public/ Ellen R. Strauss
in the State and County above named, this 4th day of Oct. 2001.



Ellen R. Strauss
(Signature of person authorized to administer oath)